



**Before and After Program**  
CHILD RELEASE AUTHORIZATION FORM

<b>Child's Name:</b> _____	<b>School Site:</b> _____
	_____ 4 Days _____ 5 Days
	_____ AM _____ PM _____ AM & PM

In the event I am unable to receive/pick up my child from the bus/center, I authorize my child to be released to the individuals listed below. The individuals listed as Escorts must have a picture ID in order for my child to be released to their care. Furthermore, I understand that the individuals listed as Emergency Contacts in the "Child Enrollment and Health Information Form" (JFS 01234) may also be contacted. In the event no one is available 1 hour after release time, the local police and Children's Protective Services may be contacted.

<p><b>ESCORT</b></p> <hr/> <p>Name _____ Relationship _____</p> <hr/> <p>Address _____ Apt. # _____ City _____</p> <hr/> <p>Phone(s) _____</p>	<p><b>ESCORT</b></p> <hr/> <p>Name _____ Relationship _____</p> <hr/> <p>Address _____ Apt. # _____ City _____</p> <hr/> <p>Phone(s) _____</p>
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**I understand that it is my responsibility to update this form as soon as any changes occur.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian